

JENKINS & WILSON, P.A.

PATENT ATTORNEYS

SUITE 1400 UNIVERSITY TOWER

3100 TOWER BOULEVARD

DURHAM, NORTH CAROLINA 27707

RICHARD E. JENKINS  
JEFFREY L. WILSON  
ARLES A. TAYLOR, JR.  
DAVID P. GLOEKLER  
GREGORY A. HUNT  
JOHN A. LAMERDIN, Ph.D.  
BENTLEY J. OLIVE  
E. ERIC MILLS  
JULIE A. BROADUS, Ph.D. (PATENT AGENT)

TELEPHONE (919) 493-8000

FACSIMILE (919) 419-0383

WEBSITE

JENKINSANDWILSON.COM

RALEIGH OFFICE

NCSU CENTENNIAL CAMPUS

VENTURE II SUITE 400

920 MAIN CAMPUS DRIVE

RALEIGH, NORTH CAROLINA 27606

TELEPHONE (919) 424-3710

FACSIMILE (919) 424-3711

May 31, 2002

"Express Mail" mailing number: ET871448730US

Date of Deposit: May 31, 2002

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C.

April N. Williams

Commissioner of Patents  
Washington, D.C. 20231

Re: U.S. Patent Application Serial No. 09/527,352 for METHOD OF SCREENING CANDIDATE COMPOUNDS FOR SUSCEPTIBILITY TO BILIARY EXCRETION  
Our File No. 421/17/2

Sir:

Please find enclosed in connection with the subject U.S. patent application the following documents:

1. Amendment B (12 pages);
2. Amendment Transmittal Form (in duplicate);
3. Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences;
4. Petition for 3-month extension of time (Form PTO/SB/22); and
5. A return-receipt postcard to be returned to the undersigned with the U.S. Patent and Trademark Office filing stamp thereon.



Commissioner for Patents  
May 31, 2002  
Page 2

The Commissioner is hereby authorized to charge the amount of \$460.00 for small entity extension fee to Deposit Account No. 50-0426.

The Commissioner is also hereby authorized to charge any deficiencies of payment associated with the filing of this correspondence to Deposit Account No. 50-0426.

Respectfully submitted,

JENKINS & WILSON, P.A.



Arles A. Taylor, Jr.  
Registration No. 39,395  
Customer No. Bar Code Label:

AAT/haw

Enclosures



25297

PATENT TRADEMARK OFFICE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

O P E R A T I O N S  
MAY 31 2002  
P A T E N T & T R A D E M A R K O F F I C E  
In the application of: LeCluyse, Edward L.; Brouwer, Kim L.R.; and Liu, Xingrong  
Application No.: 09/527,352  
Group No.: 1651  
Filed: 03/17/2000  
Examiner: Afremova, V.  
For: METHOD OF SCREENING CANDIDATE COMPOUNDS FOR SUSCEPTIBILITY TO BILIARY EXCRETION

Commissioner for Patents  
Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

## STATUS

- Applicant is a small entity. A statement was already filed.

## EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$460.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

- deposited with the United States Postal Service with sufficient postage as "Express Mail" in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.  
Express Mail mailing number: ET871448730US

Date: 5/31/02

## FACSIMILE

- transmitted by facsimile to the Patent and Trademark Office.

April N. Williams  
Signature

April N. Williams  
(type or print name of person certifying)

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	48	Minus	64	= 0      x \$9 =      \$0
Indep.	1	Minus	5	= 0      x \$40 =      \$0
First Presentation of Multiple Dependent Claim			+ \$135 =	\$0
			Total Addit. Fee	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

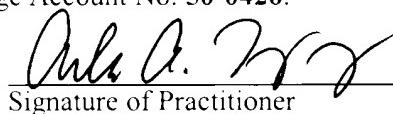
## FEE PAYMENT

5. The Commissioner is hereby authorized to the amount of \$460.00 to Deposit Account Number **50-0426**.

## FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. **50-0426**.  
If any additional fee for claims is required, charge Account No. **50-0426**.

Date: 05/31/2002

  
Signature of Practitioner

Reg. No.: 39,395  
Tel. No.: 001-919-493-8000  
Customer No.: 25297

Arles A. Taylor, Jr.  
JENKINS & WILSON, P.A.  
Suite 1400 University Tower  
3100 Tower Boulevard  
Durham, NC 27707  
USA